

SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Form Completion Date: 12/23/2015 Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

Description of property: Operations Building

Name of property representative: Aaron

Address: NA

Phone: (207) 415-8292 Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Testing organization: Protection Professionals

Address: 325 US RTE 1 Falmouth, ME 04105

Phone: (207) 775-5755 Fax: (207) 781-2064 E-mail: info@protectionprofessionals.net

Effective date for test and inspection contract: _____

Monitoring organization: City Of Portland Fire Department Dispatch

Address: _____

Phone: (207) 874-8576 Fax: NA E-mail: NA

Account number: LOC5753 Phone line 1: NA Phone line 2: NA

Means of transmission: AES Radio

Entity to which alarms are retransmitted: NA Phone: NA

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

This is a: New system Modification to existing system Permit number: _____

NFPA 72 edition: 2013

4.1 Control Unit

Manufacturer: Potter Model number: P300

4.2 Software and Firmware

Firmware revision number: NA

SYSTEM RECORD OF COMPLETION (continued)

4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: N/A Alarm verification set for N/A seconds

SYSTEM RECORD OF COMPLETION (continued)

5. SYSTEM POWER

5.1 Control Unit

5.1.1 Primary Power

Input voltage of control panel: 120VAC Control panel amps: NA
 Overcurrent protection: Type: NA Amps: NA
 Branch circuit disconnecting means location: HP Electrical Room Number: 28

5.1.2 Secondary Power

Type of secondary power: Sealed Lead Acid Batteries (12V-18AH)
 Location, if remote from the plant: _____
 Calculated capacity of secondary power to drive the system:
 In standby mode (hours): 24 In alarm mode (minutes): 5

5.2 Control Unit

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

6. CIRCUITS AND PATHWAYS

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line	NA	NA	B	0
Device Power	NA	NA	NA	NA
Initiating Device	NA	NA	NA	NA
Notification Appliance	NA	NA	B	0
Other (specify):				

7. REMOTE ANNUNCIATORS

Type	Location
NA	

8. INITIATING DEVICES

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations	4	Addressable	Alarm	Contact
Smoke Detectors	1	Addressable	Alarm	Photo
Duct Smoke Detectors	0	NA	NA	NA
Heat Detectors	0	NA	NA	NA
Gas Detectors	0	NA	NA	NA
Waterflow Switches	0	NA	NA	NA
Tamper Switches	0	NA	NA	NA

SYSTEM RECORD OF COMPLETION (continued)

9. NOTIFICATION APPLIANCES

Type	Quantity	Description
Audible	0	
Visible	5	Strobe
Combination Audible and Visible	15	Horn Strobe

10. SYSTEM CONTROL FUNCTIONS

Type	Quantity
Hold-Open Door Releasing Devices	0
HVAC Shutdown	0
Fire/Smoke Dampers	0
Door Unlocking	0
Elevator Recall	0
Elevator Shunt Trip	0

11. INTERCONNECTED SYSTEMS

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet _____.

12. CERTIFICATION AND APPROVALS

12.1 System Installation Contractor

This system as specified herein has been installed according to all NFPA standards cited herein.

Sign: _____ ted name: _____ Date: _____
 Organization: _____ Title: _____ Phone: _____

12.2 System Operational Test

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: _____ Printed name: Jordan Valliere Date: 12/23/2015
 Organization: Protection Professionals Title: Engineering tech Phone: (207) 775-5755

12.3 Acceptance Test

Date and time of acceptance test: _____
 Installing contractor representative: _____
 Testing contractor representative: _____
 Property representative: _____
 AHJ representative: _____

**NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

This form is a supplement to the System Record of Inspection and Testing.

It includes a notification appliance test record.

This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results
AV	Front door (Trades)	Passed
V	Locker Room (Trades)	Passed
V	Men's Room (Trades)	Passed
AV	Hall By Bathroom (Trades)	Passed
V	Women's Room (Trades)	Passed
V	Locker Room (Trades)	Passed
AV	Hallway (Trades)	Passed
V	Break Room (Trades)	Passed
AV (EOL)	Hall By Break Room (Trades)	Passed
AV	Trades Ceiling Front	Passed
AV	Trades Ceiling Middle	Passed
AV	Trades Ceiling Middle	Passed
AV (EOL)	Trades Ceiling Rear	Passed
AV	Front Office (Fire and Rescue)	Passed
AV	Fire and Rescue Ceiling Front	Passed
AV	Fire and Rescue Ceiling Middle	Passed
AV	Fire and Rescue Ceiling Middle	Passed
AV	Fire and Rescue Ceiling Rear	Passed
AV	Fire and Rescue Bathroom	Passed
AV (EOL)	Fire and Rescue Rear Exit	Passed

INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____
 Number of Supplemental Pages Attached: 1

1. PROPERTY INFORMATION

Name of property: Public Facilities Operations Center
 Address: 212 Canco Road Portland, ME 04103

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results
Smoke	1	Above Fire Panel	Passed
Pull Station	2	Exit By Fire Alarm Panel	Passed
Pull Station	3	Front Fire Rescue Entry / Exit	Passed
Pull Station	4	Rear Fire Rescue Entry / Exit Left Side	Passed
Pull Station	5	Rear Fire Rescue Entry / Exit Right Side	Passed

**NOTIFICATION APPLIANCE POWER PANEL
SUPPLEMENTARY RECORD OF COMPLETION**

*This form is a supplement to the System Record of Completion. It includes a list of types and locations
of notification appliance power extender panels.*

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.*

Insert N/A in all unused lines.

Form Completion Date: 12/23/15 Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: Public Facilities Operations Center

Address: 212 Canco Road Portland, ME 04103

2. NOTIFICATION APPLIANCE POWER EXTENDER PANELS

Make and Model	Location	Area Served	Power Source
Potter PSN – 106	Near Fire Alarm Panel	Trades and Fire & Rescue	HP Electrical Room

See Main System Record of Completion for additional information, certifications, and approvals.